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| SERIAL NUMBER 08/963,239 | FILING OR 371(c) DATE 11/03/1997 RULE | CLASS 607 | GROUP ART UNIT 3739 | ATTORNEY DOCKET NO. 13724-787 |
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APPLICANTS

EDWARD J. GOUGH, MENLO PARK, CA;
 ALAN A. STEIN, MOSS BEACH, CA;
 STUART D. EDWARDS, CORRAL DE TIERRA, CA;

**** CONTINUING DATA *******

This application is a CIP of 08/605,323 02/14/1996 PAT 5,728,143
 which is a CIP of 08/515,379 08/15/1995 PAT 5,683,384
 which is a CIP of 08/290,031 08/12/1994 PAT 5,536,267
 which is a CIP of 08/148,439 11/08/1993 PAT 5,458,597

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 02/18/1998**

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|---------------------------------|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 8 | TOTAL CLAIMS 44 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | | |

ADDRESS

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TITLE

MULTIPLE ANTENNA ABLATION APPARATUS AND METHOD

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| FILING FEE RECEIVED 1270 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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